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## FAX TRANSMISSION

DATE: October 22, 2009

PTO IDENTIFIER: Application Number 10/577,614-Conf. #5411  
Patent Number

Inventor: Simon Nielsen

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: EDWARDS ANGELL PALMER &amp; DODGE LLP

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Attorney Dkt. #: 65487(50533)

PAGES (Including Cover Sheet): 17

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Fee Transmittal (1 page)  
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Amendment Transmittal (1 page)  
Response to Non-Final Office Action (12 pages)  
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PTO/SB/97 (09-04)  
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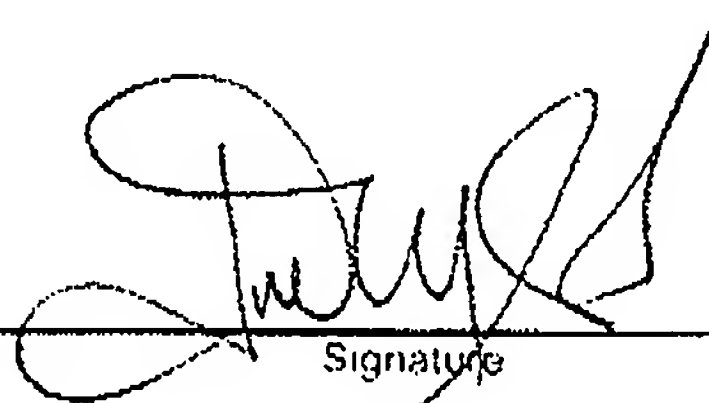
Application No. (if known): 10/577,614

Attorney Docket No.: 65487(50533)

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Fee Transmittal (1 page)

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Amendment Transmittal (1 page)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018). <b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete If Known</b> Application Number 10/577,614-Conf. #5411 Filing Date April 20, 2007 First Named Inventor Simon Nielsen Examiner Name Not Yet Assigned Art Unit N/A Attorney Docket No. 65487(50533)	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (5) 490.00			

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims		Extra Claims	Fee (\$)		Fee Paid (\$)		
20		- 20 or HP	x		=		
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)		Fee Paid (\$)		
1		- 3 or HP	x		=		
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)		Fee Paid (\$)
100		- 100 =	/ 50 =		(round up to a whole number) x		
<b>4. OTHER FEE(S)</b>							
Non-English Specification: \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1252 Extension for response within second month						490.00	

<b>SUBMITTED BY</b>			
Signature	Registration No. (Attorney/Agent)	53,624	Telephone (617) 517-5543
Name (Print/Type)	Jonathan M. Sparks, Ph.D.		Date October 22, 2009

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